

Crisis System Update

December 8, 2015



ABOUT US

HCIC is a partnership between Health Choice Arizona and the NARBHA Institute.

Collectively, we have been the Regional Behavioral Health Administrator for the State of Arizona since 1984, and have been in the business of supporting behavioral health services throughout Northern Arizona for almost **50 years**.

In addition to its long tenure as Northern Arizona's RBHA, HCIC brings a team of professionals and developed provider network capable of delivering care in a culturally-appropriate manner throughout Arizona's most challenging and sparsely-populated rural regions.

HCIC is based in Flagstaff, and has 135 full time employees.



WHAT IS A RBHA?

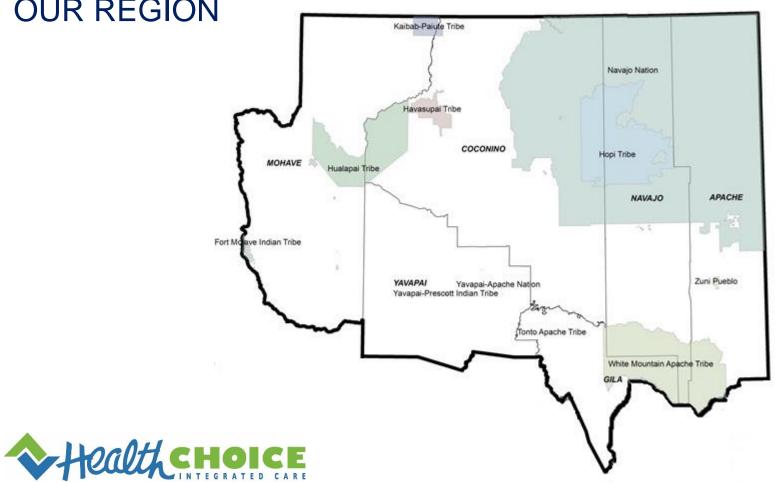
Starting in 1984, the state of Arizona divided the state into geographic regions, and selected a single organization in each region to manage the delivery of behavioral health services for Medicaid-eligible (AHCCCS) or State SMI members in that region.

The state called each of these contractors "Regional Behavioral Health Authorities" or "RBHAs".

RBHAs are "single-purpose" entities that are only allowed to provide managed care services under contract with the state. They **cannot** provide direct patient care, and cannot conduct business outside of the scope of their contract with the state.



OUR REGION



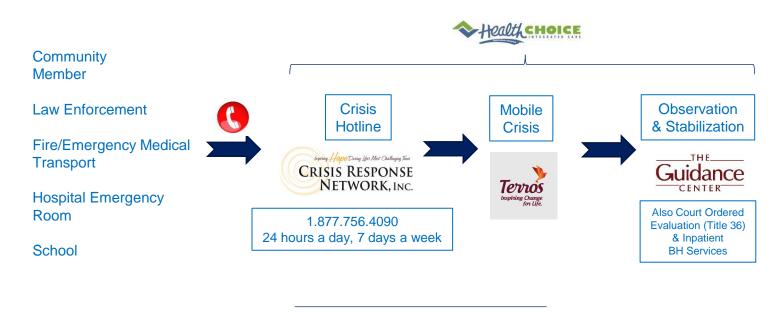
CONTINUUM OF CARE

- Crisis Services
- Prevention Services
- "Recover Wellness" Integrated Physical & Behavioral Healthcare (AHCCCS SMI)
- Supported Employment & Residential Services (AHCCS SMI)
- Inpatient Behavioral Health Services
- Outpatient Behavioral Health Treatment Services
- Substance Abuse Treatment Services
- Peer & Family Support Services
- Pharmacy





REVISED FLAGSTAFF REGIONAL CRISIS SYSTEM



Starting in August 2015, HCIC implemented a new behavioral health crisis approach in the Flagstaff metropolitan area. The new process involved implementation of a new hotline provider (CRN), and new mobile crisis provider (Terros), and a new 23 Hour Observation & Stabilization (behavioral "emergency room") program (TGC).



FLAGSTAFF SERVICE REGION





Crisis Hotline



Crisis Line of Heath Choice Integrated Care





Sarah Schol, Senior Director of Northern Arizona Operations SarahS2@crisisnetwork.org

Who we are. What we do.

The Crisis Response Network, Inc (CRN) is the crisis line provider for Health Choice Integrated Care

We take crisis calls from all across the six Northern Arizona counties

We complete risk and safety assessments, connect callers to local resources, and strive to ensure that those in crisis get appropriate assistance, and attempt to divert from the emergency room and jail system anytime possible

Calls are answered 24/7/365 by Crisis Specialists, who have education and experience in behavioral health, and who are supported by a licensed supervisor, who is always available on site





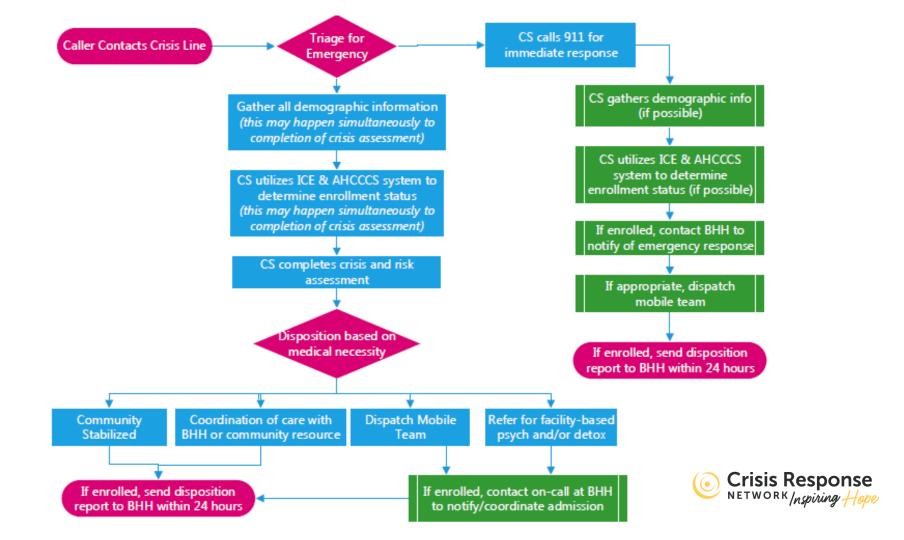
Core Belief

Most crises are preventable through early engagement and early intervention



- A crisis represents opportunity:
 - An opportunity to identify which environmental and/or interpersonal stressors or conditions elevated the circumstances to a crisis or emergency level.





Though CRN is relatively new to the Northern Arizona area, we are committed to working closely with other providers and community stakeholders across each county.

By building collaborative working relationships, community members experiencing a crisis will be better supported, and behavioral health service provision in Northern Arizona will continue to improve.



We have taken on average 2,352 calls per month across Northern Arizona

Of those calls, we have stabilized on average 91% of callers in the community, meaning they are not referred to the emergency room, or other higher level of care

Approximately 70% of our calls come in nights and weekends, when most other services are unavailable

We have had to call police/fire for safety for less than 1% of calls



Crisis Line of Northern Arizona 24/7/365 877-756-4090



- Anyone of any age can call the crisis line at any time
- There is no cost to call, or limit to how often you can call
- The crisis line is completely confidential
- You can call about someone else whom you believe may be in a crisis
- A crisis is defined as whatever is overwhelming to someone
- We have Spanish-speaking crisis specialists and access to interpreters who can translate a call in any language



Identifying when to call the Crisis Line

Key Terms and Situations that Indicate a Crisis

- Suicidal and/or Homicidal
- Domestic Violence
- Substance Abuse
 - Active detox symptoms or withdrawals
- Homelessness (risk of exposure, increased risk of medical and psychiatric concerns)
- Experiencing hallucinations/psychosis
- Medication Issues (Caller has run out, or is experiencing side effects)
- Weapon
- Physical medical symptoms

When Necessary, the Crisis Specialist will coordinate with

Police, Fire, and/or Mobile Teams





What to expect when you call

Questions and triage process include

- Information (Name, DOB, Phone Number, Address)
- Assess safety of Caller
 - Danger to Self and/or Danger to Others
 - Determine the identified crisis/reason for the call
- Focused conversation to resolve your crisis

You will frequently hear at the Crisis Line...

- "How can I help?"
- "I'm so glad you called..."
- "Your safety is important to me"





Questions?

Sarah Schol, Senior Director of Northern Arizona Operations

SarahS2@crisisnetwork.org





Mobile Crisis



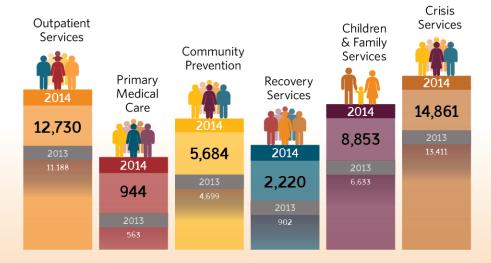


We are a healthcare organization of caring people, guided by our core values of integrity, compassion and empowerment. For more than four decades, the heart of everything we do is *Inspiring Change for Life*.

Started in 1969
24 Locations in Arizona
950 Employees



2014 In Review Oct. 1, 2013 - Sept. 30, 2014



43,300

Number of Lives Touched

Terros was funded in whole or in part through contracts with Magellan Health Services of Arizona, Mercy Maricopa Integrated Care, Arizona Department of Economic Security, Arizona Department of Health Services, Substance Abuse & Mental Health Services Administration, Crisis Response Network, Arizona Department of Veterans' Services, and the Governor's Office for Children, Youth, and Families.



Services Offered

Our commitment to transformation gives us the opportunity to affect the lives of thousands.



ADDICTION & MENTAL HEALTH TREATMENT



PRIMARY MEDICAL CARE



COMMUNITY LIVING





Services Offered (cont.)



FAMILY SERVICES



CRISIS SERVICES



COMMUNITY PREVENTION

"My life is much more manageable, I have hope, and my daughter is getting the help she needs."

-Miranda



Services Offered (cont.)

Maverick House • Maverick House Sober Living Phoenix Interfaith Counseling • Safe Haven Advancing Heroes • Military Navigator

Because of Advancing Heroes, I am no longer a slave to myself, constantly fearful and avoiding people. I am happier, less stressed, sleeping better and much freer to be my real self.

~Dominic





Flagstaff Mobile Crisis Services

(Services began September 21, 2015)

September 21 -October 31, 2015







50 community crisis calls

- 21 calls requested by FPD
- 4 calls requested by CCSO
- 31 calls were community stabilized
- O calls were Title 36
- → 12 calls were hospitalized at The Guidance Center (TGC) or Flagstaff Medical Center (FMC)



40 FMC calls

- 14 calls were community stabilized
- → 23 calls were sent to HLOC
- → 1 call was petitioned

Mobile Crisis services made possible by funding from Health Choice Integrated Care.



Flagstaff Mobile Crisis Services

(cont.)

November 1 -November 30, 2015







56 community crisis calls

- 19 calls were requested by FPD
- 1 call was requested by CCSO
- 34 calls were community stabilized
- 3 calls were Title 36
- 9 calls were hospitalized at TGC or FMC



28 FMC calls

- 7 calls were community stabilized
- → 16 calls were sent to HLOC
- 4 calls were petitioned

Mobile Crisis services made possible by funding from Health Choice Integrated Care.



Flagstaff Mobile Crisis Services

December 1 - December 31, 2015







36 community crisis calls

- 12 calls were requested by FPD
- → 17 calls were community stabilized
- → 2 calls were Title 36
- → 6 calls were hospitalized at TGC or FMC



35 FMC calls

- → 15 calls were community stabilized
- → 16 calls were sent to HLOC
- 1 call was petitioned

Mobile Crisis services made possible by funding from Health Choice Integrated Care.



What our clients are saying...

I really appreciate you coming to see me, this is really nice that you guys can come anytime of the day. I sometimes feel suicidal and depressed and it is nice that you guys can just come and talk to me about this.

Male, 34

I was scared of what you were going to say when I called you, but now that you came, I am glad you talked to me.

Female, 28



What our clients are saying...

You guys are very nice from Terros, thank you for listening to me and helping me get help at TGC. I did not know you guys coordinated stuff like this, I just need mental health services and that is what I am seeking because I know I need it.

- Male, 47

I am grateful for you (crisis team) helping me get connected to TGC, I have been trying to get services but it is difficult for me to communicate with mental health facilities due to my disorder.

~Female, 50



Community Connections

Flagstaff Medical Center

Flagstaff Police Department

Southwest Behavioral

Coconino County Juvenile Detention Center

Coconino County Sheriff's Office

Coconino County Probation

Hope Center

NFHC Shelter

Northern Arizona University

The Guidance Center (TGC)

Child Family & Support Services



Thank You!



Observation & Stabilization



TGC Crisis Center Entry **RN Consult** Triage/Vitals Are Concern Decide if needs FMC FMC Terros Drops Offs, RA **High Risk Assessed Patient** Available Options: Low Risk Assessed Patient Initiate CSU Admit Process& RN Available Options: Assessment **Medium Risk Assessed Patient** 2. Hold Patient for Re-eval on T36

- Safety Plan
- 2. Peer Intervention
- 3. Op Enrollment On Spot
- 4. Call Assigned RA for COC
- 5. Family for Pick Up
- 6. Call List for Safety Checks **All low level assessed patients leaving

campus must be staffed with a clinical supervisor and/or BHP on Staff.

Low Risk Defined Below:

Patients who could potentially leave w/out BHMP Consult:

Dangerousness: Low

-No Psych Symptoms, no withdrawal, or no intoxication

Acuity: Low

No Treatment needed: need help with Resources, services, scripts

- Possible BHMP Consult If needed
- COC With Other RA for Med List
- approval only

Please note: All ASU admissions will admit to CSU Chair for initial RN Assess. Upon assessed, Chart Built, Bed Space Check. Client will be moved to ASU for EMT Screen, ASAM and Monitoring. ASAM Pended back to admitting Nurse at

Medium Risk Defined Below:

Dangerousness: Moderate

-Thoughts of death/suicide without plan/intent -No report of recent behaviors of DTS/DTO -Inability to care for self

-Recent Intoxication with ideation

-May need observation to determine dangerousness.

Acuity: Low

Mild/Moderate psychiatric symptoms, not psychotic or manic, cooperative

- Available Options:
- ASU Admit
- CSU Admit & RN Assessment
- Home with Safety Plan BHMP

High Risk Level Defined Below:

4. Inform RN to begin CSU Admit

6. CSU Stabilization Prior to PAC

for Tx needs/Meds

RN to possibly consult with BHMP

Patients who need URGENT Intervention and Intensive Monitoring

Dangerousness: High

3. Initiate T36

Admit

-DTS, DTO, Plan, or Collateral Report of Plan -Cannot Determine Dangerousness without Observation

Acuity: High

-Severe Psychiatric Symptoms if left untreated result in high risk bx -Intoxication/Withdrawal -MSE prevents inadequate assessment



Crisis Entry and Stabilization Unit



Thank You.